



# Indiana Department of Insurance

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## Indiana Navigator Certification Examination Score Report 60 Questions Total Time Limit: 90 Minutes

| Subject   | Number of Questions         |
|---|-----------------------------|
| <b>I. Consumer Assistance Basics</b>  | <b>Total = 20 questions</b> |
| Types of Consumer Assistants <ul style="list-style-type: none"> <li>Similarities &amp; differences between types of Consumer Assistants</li> <li>Federal vs. State requirements for Navigators</li> <li>Application of State Navigator law (IC 27-19)</li> </ul>  | 2                           |
| Roles and Responsibilities – Application Organizations (AOs) <ul style="list-style-type: none"> <li>Application/renewal &amp; reporting</li> </ul>  | 1                           |
| Roles and Responsibilities – Individual Indiana Navigators <ul style="list-style-type: none"> <li>Application/renewal requirements &amp; process</li> <li>Eligibility assessment &amp; enrollment assistance</li> <li>Using unique ID</li> </ul>  | 2                           |
| Roles and Responsibilities – State <ul style="list-style-type: none"> <li>State responsibilities</li> <li>State interaction with Indiana Navigators &amp; AOs</li> </ul>  | 1                           |
| Limitations for Indiana Navigators and AOs <ul style="list-style-type: none"> <li>Conflicts of Interest</li> <li>Privacy &amp; security, confidentiality</li> <li>Consent &amp; authorization</li> <li>Waste, fraud, &amp; abuse</li> <li>Advising on plan selection</li> <li>Compensation</li> <li>Reporting requirements</li> </ul> | 6                           |
| Consequences for Violation <ul style="list-style-type: none"> <li>Not doing what Consumer Assistance type should</li> <li>Doing what Consumer Assistance type should not</li> </ul>   | 2                           |
| Information Resources <ul style="list-style-type: none"> <li>How &amp; when to access</li> </ul>  | 3                           |
| Issuing Consumer Complaint <ul style="list-style-type: none"> <li>Who to contact</li> <li>What to expect</li> </ul>   | 2                           |
| Consumer Assistance Terminology   | 1                           |
| <b>II. Medicaid Basics and Indiana Health Coverage Programs (IHCPs)</b>   | <b>Total = 20 questions</b> |
| Medicaid Basics <ul style="list-style-type: none"> <li>What is Medicaid</li> <li>Overview of Indiana Health Coverage Programs (IHCPs)</li> <li>Benefit packages &amp; available services</li> <li>General factors of eligibility</li> </ul>   | 5                           |

|   |                             |
|---|-----------------------------|
| Medicaid changes <ul style="list-style-type: none"> <li>• MAGI vs. non-MAGI</li> <li>• MAGI Conversion</li> <li>• Aid categories/eligibility groups</li> <li>• Medicaid eligibility based on blindness or disability</li> <li>• Presumptive eligibility (PE)</li> <li>• Healthy Indiana Plan (HIP) 2.0</li> </ul>   | 5                           |
| Medicaid Application & Post-Enrollment <ul style="list-style-type: none"> <li>• Application process – paper, online, phone</li> <li>• Verifying factors of eligibility</li> <li>• Notices</li> <li>• Appeals</li> <li>• Renewals</li> <li>• What an individual can expect after being determined eligible</li> <li>• Using Medicaid Coverage</li> </ul>   | 7                           |
| Medicaid, CHIP, HIP, and State-based assistance program terminology   | 3                           |
| <b>III. Health Insurance Basics and the Federal Marketplace</b>   | <b>Total = 20 questions</b> |
| Marketplace Basics <ul style="list-style-type: none"> <li>• Functions of a health benefit Exchange/Marketplace</li> <li>• Qualified Health Plans (QHPs); metal tiers; stand-alone dental plan</li> <li>• Premium Tax Credits (PTCs) – Eligibility, value, &amp; responsibilities</li> <li>• Cost-sharing Reductions (CSRs) - Eligibility</li> <li>• SHOP – <u>at least 1 question</u></li> <li>• Open enrollment period &amp; special enrollment periods</li> </ul>   | 5                           |
| Federal Marketplace Application <ul style="list-style-type: none"> <li>• Application process – paper, online, phone</li> <li>• Verifying eligibility</li> <li>• Notices</li> <li>• Appeals</li> <li>• Plan selection, plan changes</li> <li>• Re-enrollment</li> </ul>  | 5                           |
| Insurance Basics & Changes <ul style="list-style-type: none"> <li>• Minimum Essential Coverage</li> <li>• Individual mandate</li> <li>• Exemptions to mandate; affordability exemptions</li> <li>• Guaranteed availability and renewability; dependent age 26</li> <li>• MLR requirements and rebates</li> <li>• Mandated benefits: Preventive, Essential Health Benefits (EHBs), State requirements</li> <li>• On-Marketplace vs. Off-Marketplace plans</li> <li>• Employer requirements and coverage</li> </ul> | 5                           |
| Indiana Insurance Law & Terminology   | 5                           |

**\*IMPORTANT DISCLAIMER\***

The Score Report identifies content that will be tested on the Indiana Navigator Certification Examination. All questions on the Certification Examination are outlined on the Score Report. The Score Report will be updated periodically and may not be consistent with outdated study manuals. Where such discrepancies exist, the Score Report takes precedence.